PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number     | 09/613,083      |
|------------------------|-----------------|
| Filing Date            | 7/10/2000       |
| First Named Inventor   | Ehrman          |
| Art Unit               | 2178            |
| Examiner Name          | Paula, Cesar B. |
| Attorney Docket Number | STL920000055US1 |

| Please change the Correspondence Address for the above-identified application to:   |                 |            |     |     |     |  |  |
|---|-----------------|------------|-----|-----|-----|--|--|
| Customer Number   | 24033           |            |     |     |     |  |  |
| OR  | Type Customer N | umber here |     |     |     |  |  |
| Firm <i>or</i> Individual Name  |                 |            |     |     |     |  |  |
| Address   |                 |            |     |     |     |  |  |
| Address   |                 |            |     |     |     |  |  |
| City  |                 |            | Sta | ite | ZIP |  |  |
| Country   |                 |            |     |     |     |  |  |
| Telephone   |                 |            |     | Fax |     |  |  |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). |                 |            |     |     |     |  |  |
| I am the:   |                 |            |     |     |     |  |  |
| Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                 |            |     |     |     |  |  |
|   |                 |            |     |     |     |  |  |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1).  Registration Number                                |                 |            |     |     |     |  |  |
| Typed or Printed Name Romualdas Strimaitis  |                 |            |     |     |     |  |  |
| Signature Comuldes Amendo   |                 |            |     |     |     |  |  |
| Date August 11, 2004  | - // 0          |            |     |     |     |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.    |                 |            |     |     |     |  |  |
| *Total of forms are submitted.  |                 |            |     |     |     |  |  |